



Office of Public Instruction
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MEP
CERTIFICATE OF ELIGIBILITY

PLEASE PRINT LEGIBLY.
Use black ink pen.

DISTRICT DATA

Site Name	Short School ID MT _____	Contact Telephone Number	School Year ____/____/____
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SECTION I—Eligibility Data

1. Residency Date (month, day, year) ____/____/____	2. Qualifying Arrival Date (month, day, year) ____/____/____	3. Moved From (city, state, country) _____, _____, _____	4. Moved To (city, state) _____, _____
The Children Moved 5a. <input type="checkbox"/> With <input type="checkbox"/> To Join	5b. <input type="checkbox"/> Parent <input type="checkbox"/> Guardian/ Spouse	The Youth Moved 6. <input type="checkbox"/> On His/Her Own/Self- Eligible Youth	To Enable That Person To 7a. <input type="checkbox"/> Obtain <input type="checkbox"/> Seek
		7b. <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Seasonal Employment	7c. <input type="checkbox"/> Agricultural Related <input type="checkbox"/> Fishing Related
8. Qualifying Activity			9. The qualifying work is an important part of providing a living for the worker and his/her family. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Comments:			

SECTION II—Family Data

11a. Legal Male Parent's Name (last, first)	11c. Current Male Parent's Name (last, first)	11e. Current Address (street, city, state, ZIP code) _____ _____	12. Home Base Address (street, city, state, ZIP code, country) _____ _____
11b. Legal Female Parent's Name (last, first)	11d. Current Female Parent's Name (last, first)	11f. Current Telephone Number _____	

SECTION III—Child/Youth Data (list all eligible children/youth)

13. Child/Youth ID Number	14. Name			15. Gender	16. Birthdate (month, day, year)	17. Birthplace (city, state, country)	18. Verification	19. Race	20. Grade	21. Enrollment	
	Last	First	Middle							(month, day, year)	Type

SECTION IV—Certification and Authorization

22. The above information was obtained from the <input type="checkbox"/> Parent <input type="checkbox"/> Guardian/Spouse (other responsible person) <input type="checkbox"/> Self-Eligible Youth name and association → _____ and is correct to the best of my knowledge. Signature	25. I certify the above information is correct to the best of my knowledge. I know that my child(ren)'s records will be available for me to see and obtain if I so desire. I understand fully that these records will be transferred to other schools in which my child(ren) intend(s) to enroll. I give permission for my child(ren) to participate in the Migrant Education Program (and related services such as T.B. test, physical exam and blood test). • Segun mi entendimiento, la información de este formulario es correcta. Se que los registros de mi(s) hijo(s) estaran a mi disposición si así lo deseo. Entiendo que estos registros seran trasladados a otras escuelas donde mis hijos sean matriculados. Doy permiso para que mis hijos participen en el Programa de Educación Migratoria (Examen de Tuberculosis, Examen Fisico, Examen de la Sangre).	26. Signature of Parent/ Firma de Padre	Date
23. The person indicated in _____ (11a, 11b, 11c, 11d or 13) above has been informed of the Family Educational Rights and Privacy Act, the procedures of the school district and the New Generation System, that these child(ren)'s health/ academic records may be sent to other schools where they intend to enroll. The parent or guardian gives permission for them to be classified as migratory. This person also knows that permission may be withdrawn at any time if so desired.		27. LEA Administration Reviewer's Initials and Date	28. SEA Reviewer's Initials and Date
24. _____ Interviewer's Signature	_____ Date		

SECTION V—Continued Eligibility/Residency Verification

29. School Year	30. Person Interviewed	31. Relationship	32. Signature of District Representative	Date

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Please Print Legibly with Black Ink Pen. On the top of the COE, enter the site name, short school ID (MT), telephone number of contact person, and school year (example, 2001/2002).

***SECTION I—Eligibility Data**

1. Residency Date (date the children moved into the district)
2. Qualifying Arrival Date (date of the qualifying move)

Note: A separate COE must be completed for each child in a family who has a different qualifying move date or residency date. (Use additional form for more than five children.)

3. Moved From (city, state and country) Qualifying Move
4. Moved To (city and state) Qualifying Move
- 5a. Check appropriate box.
- 5b. Check appropriate box.
6. Check box if individual is 16 years or older and traveling on his/her own.
- 7a. The person is either obtaining temporary or seasonal. (Check one box only.)
- 7b. Employment is either temporary or seasonal. (Check one box only.)
- 7c. Employment is either agricultural or fishing related. (Check one box only.)
8. Qualifying Activity—Refers to temporary or seasonal agricultural or fishing work (as defined in CFR 200.40).
9. The qualifying activity must play an important part in providing a living for the worker and his or her family. Check one.
10. Comments: Enter comments concerning any needs or additional information. In order to identify the comment, reference the section and number of the item before commenting.

SECTION II—Family Data

- 11a. Legal Male Parent's Name (biological or adoptive)
- 11b. Legal Female Parent's Name (biological or adoptive)
- 11c. Current Male Parent's Name (last, first)
- 11d. Current Female Parent's Name (last, first)
- 11e. Current Address (street, city, state, ZIP code)
- 11f. Current Telephone Number
12. Home Base Address (street or PO box, city, state, country, if applicable)

SECTION III—Child/Youth Data

13. Child/Youth ID Number (NGS unique student identifying number)
- 14.* Child's/Youth's Name
- 15.* Gender—M or F
- 16.* Birthdate (complete month, day and year are required) (example, 07/04/91)
17. Birthplace (city, state and country) (use abbreviation for state, country)

18. Verification
B—Birth Certificate
P—Parent
D—Document
O—Other
19. Race
1—American/Indian
2—Asian or Pacific Islander
3—Black, not Hispanic
4—Hispanic
5—White, not Hispanic
20. Grade Level
P0-P5—1 day - 5 years old
K - 12—Kindergarten - 12th grade
UG—Ungraded (attending school with no grade designation)
OOS—Out of School (dropout or never enrolled in US schools)
21. Enrollment
Date (numerical, example 04/01/95)
Type:
S— Summer School and/or Outreach (receiving MEP funded services beyond certification)
P— Residency only - no services
R— Enrolled and receiving MEP funded services during the regular school year

SECTION IV—Certification and Authorization

- 22.* Name and association of guardian providing information, and check appropriate box.
- 23.* Fill in appropriate information
- 24.* Interviewer's signature and date information obtained
25. Permission statement
26. Signature of parent and date signed (optional)
27. Initials and date of the LEA administrator
28. Initials and date of the SEA reviewer.

SECTION V—Continued Eligibility/Residency Verification

29. Current calendar school year
30. Name of parent, guardian, or emancipated youth
31. Relationship to children in Section III
32. Signature of person verifying eligibility information and date